



# Balcones Heights Police Department

3300 Hillcrest Drive, Balcones Heights, Tx. 78201

210-735-6244 Phone / 210-735-4954 Fax

## Forged Check Form-Acceptor

Form must be completed by BUSINESS ACCEPTING CHECK OR MONEY ORDER

Balcones Heights Police Dept. Case #: \_\_\_\_\_

Submitted For: (Name of business) \_\_\_\_\_

Submitted By: (Person completing form) \_\_\_\_\_

Business Address: \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date form completed: \_\_\_\_\_

**NOTE:** \*Questions 1 through 4 must be answered.

\*This form must accompany EACH check submitted for investigation.

\*If additional space is needed, use the back of the form and identify by number.

\*Only checks passed in Balcones Heights will be accepted.

1. Account Name on Check: \_\_\_\_\_ Check Number: \_\_\_\_\_

2. Has the account holder declared the check a forgery? YES ☐ NO ☐

If yes, how was it determined? \_\_\_\_\_

(If police case number, name of agency and case number)

3. Address where check was accepted: \_\_\_\_\_

Name of person who accepted check: \_\_\_\_\_

Date check accepted: \_\_\_\_\_ Time accepted \_\_\_\_\_

Hours acceptor can be contacted: \_\_\_\_\_ Phone number: \_\_\_\_\_

Was a photo or video taken: YES ☐ NO ☐

Contact Person for video/photos: \_\_\_\_\_ Phone number: \_\_\_\_\_

Retention Time of Photos/Videos: (Number of days) \_\_\_\_\_

4. Can the check acceptor identify the person who passed the check? YES ☐ NO ☐

5. Other Witnesses:

Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_

6. Name/Description of suspect: \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Hgt \_\_\_\_\_ Wgt \_\_\_\_\_ Hair Color \_\_\_\_\_

7. Description of suspect vehicle: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ License Number \_\_\_\_\_ State \_\_\_\_\_

**\*\*\*If video or photos are available, submit copies with video/photo affidavit.**

**STAPLE ORIGINAL OR BANK FURNISHED CHECK HERE. KEEP A COPY FOR YOUR RECORDS**

Mail To:

Balcones Heights Police Department

Criminal Investigations Division

3300 Hillcrest Dr.

Balcones Heights, TX 78201



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## VIDEO/PHOTO EVIDENCE AFFIDAVIT

STATE OF TEXAS §  
COUNTY OF BEXAR §

My Name is \_\_\_\_\_ I am an authorized custodian of records for \_\_\_\_\_

\_\_\_\_\_. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts of this case. I have supplied photographs which correspond to the date and time of the offense as it occurred at our business. All photographs and video are recorded and kept during the regular course of business. All photographs submitted are true and accurate depictions of the scene as it occurred that date and time. This is based upon my personal knowledge, acquired while investigating this offense as part of my duties as a custodian of records. The photographs are originals or exact duplicates obtained from original video taken on the date and time listed in each photograph.

I am submitting the following Items: \_\_\_\_\_

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Signature \_\_\_\_\_

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20 \_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public

(Statement Information Supplement must be included with this statement)



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## Statement Information Supplement

Note: This information is confidential and only for Balcones Heights Police Department and Bexar County District Attorney official records.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed

Name of Spouse if Applicable: \_\_\_\_\_

Nearest relative other than spouse:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_